

Statewide Program Standing Committee for Adult Mental Health  
Mental Health Services  
Vermont Department of Health

January 8, 2007  
Meeting Notes

MEMBERS: Kitty Gallagher, George Karabakakis, David Mitchell, Sue Powers, Marty Roberts, and Jim Walsh

DMH STAFF: Bill McMains, Melinda Murtaugh, Frank Reed, and Terry Rowe

OTHERS: Richard Allain and Scott Thompson

### **Facilitation**

Marty Roberts facilitated today's meeting.

### **Introductions and Approval of Minutes**

After introductions, the Standing Committee approved the notes on the meeting of December 11, 2006, as submitted.

**Vermont State Hospital (VSH)**: Terry Rowe

Terry told Standing Committee members that VSH is reformatting the patient injury reports so that they will offer greater protection of patient confidentiality and, at the same time, be more user-friendly for the Standing Committee.

A new interim policy on mandatory reporting will be in place pending review and approval of the VSH Governing Body; it meets next Wednesday, Terry said. Important points to note about the new policy include the following:

- The threshold for reporting abuse, neglect, or exploitation has been lowered from "reason to believe" that something has occurred to "reason to suspect" (emphasis added)
- The time frame of forty-eight hours is explicit
- A written report to Adult Protective Services is required
- Volunteers and consultants/contractors must read the policy and agree that they will follow it
- Volunteers and consultants/contractors as well as staff are required to cooperate with Protective Services in any investigations of patient mistreatment
- The meaning of abuse now includes "unnecessary or unlawful confinement or unnecessary or unlawful restraint of a patient" as well as "administration, or

- threatened administration, of a drug, substance, or preparation to a patient for a purpose other than legitimate and lawful medical or therapeutic treatment
- The section on “Internal Response” is clearer now
- The duties and responsibilities of the Executive Director of the State Hospital are also described more clearly in regard to making a determination about commission of a criminal act and removing or reassigning staff
- Quality Management clearly has the responsibility to track all reports of abuse, to convene a peer review committee to review all substantiated reports, and call an annual meeting of VSH management and other hospital staff to review and analyze all reports of abuse

George Karabakakis opined that the new policy looks comprehensive. For purposes of operationalizing, he suggested, be sure to have a thorough training on the substance of the new policy, expectations, and the like. Terry will make the annual report available, redacted to remove any patient names that may appear. George further suggested an annual refresher for people who need to be aware of this policy.

**Revised Application for Truly Voluntary  
Admission to Inpatient Psychiatry:** Bill McMains

Work on revising this application has been going on for a year and a half, Bill explained by way of introduction. Vermont law recognizes two types of voluntary admissions: “truly” voluntary and “conditional” voluntary. Advocates became concerned about conditional voluntary. The Statewide Program Standing Committee reviewed an earlier proposal for revisions, the Division of Mental Health (DMH) got lots of feedback from other sources, and now further revisions have been made as result of negotiations with the Vermont Hospital Association, Legal Aid, Anne Donahue, et alia. The wording is still being revised. Some suggestions for changes included:

- ✓ Adding a patient advocate to the hospital treatment team
- ✓ First paragraph, second sentence: Add “that I and my treatment team develop together” after “... in accordance with a treatment plan . . .”
- ✓ Under Section b: Make an explicit statement that a patient, if safe, can be discharged.

Standing Committee members and others may send further suggestions for changes to Bill until the end of January.

**Vermont State Hospital (VSH) Report: Discussion**

**Observations on Key VSH Management.** After some discussion of “key management” positions as they pertain to VSH, Standing Committee members generally agreed that they would include the Chief Executive Officer, the Medical Director, the Nursing Administrator, and the Director of Social Services. None of those positions changed during the past year. The Standing Committee noted that psychiatrists perform a double

role: as public psychiatrists at the State Hospital and as core faculty of the University of Vermont's College of Medicine.

On sources of information for members of the Standing Committee, Marty again mentioned her concern that most of what they learn comes from VSH administration. The one major exception is input from the monthly focus groups that Standing Committee members conduct at VSH. Terry said that she has been thinking about asking Quality Management to prepare presentations for the Standing Committee from time to time.

**VSH Operations.** In regard to operations at the State Hospital, Kitty Gallagher noted that only seven patients were at the Christmas party last year. Only nine of them had privileges to go to the party. Kitty wants more patients to be able to attend parties. Terry suggested having future parties in the units' dining rooms.

Another concern that Kitty had was staff awareness—or, rather, the lack thereof—of visitors in the wards, and especially of the focus group facilitators. She said that staff were not particularly attentive when the facilitators were making a request to leave. Jim reinforced Kitty's concern over this issue.

Jim raised a question about the ongoing lack of certification for VSH from the Centers for Medicare and Medicaid Services. VSH is currently operating under a temporary conditional license, Terry said. To her, the lack of certification is an impediment to patient care. It is a fundamental issue. Staff morale is also very much affected. Jim suggested getting more information about the decision as to whether or not the State Hospital should seek recertification, the costs involved (possibly \$8 million), and other issues.

**VSH Grievances and Appeals, and Resolution.** On the grievance process, the State-wide Program Standing Committee appreciates being provided data on VSH grievances. It is an active process—ongoing, one that patients seem well aware of and use freely.

**Quality of Care.** Marty suggested that information from the VSH focus forums could go into the "Quality of Care" section of the VSH report. Sue Powers remarked that the Standing Committee has gotten lots of information that quality at VSH has improved. Kitty has heard much positive feedback from patients. They seem very appreciative of the new computer, she added. Jim observed that the hospital administration and staff are being responsive to issues raised in the forums.

Marty would like to have access to aggregate data from the report cards that Vermont Psychiatric Survivors collects. Terry offered to supply the data in the future. Patients are generally positive about groups, Marty added, especially the Wednesday night recovery groups and those on Dialectical Behavioral Therapy (DBT). Kitty said that patients want more groups from which to choose. Terry offered quarterly updates on emergency procedures from Medical Director Tom Simpatico. Updates on the Department of Justice findings will be forthcoming.

**VSH Policies.** Terry does a good job of getting VSH policies in development to the Statewide Program Standing Committee. David suggested posting the process for contributing to VSH policies on the Internet.

A lot of policies went into effect last year. Standing Committee members wanted to put together something—data, information, attendance sheets perhaps—to help in evaluation of the implementation of policies. George suggested identifying key policies and ways of measuring whether or not they are being followed.

### **Re-designation of Northwest Counseling and Support Services (NCSS)**

The physical accessibility was the only issue outstanding in regard to NCSS's re-designation, and the agency is no longer using that particular building for services. The Standing Committee voted unanimously to re-designate NCSS with no further action required.

### **Report from the Membership Subcommittee**

The Standing Committee has sent Richard Allain's nomination forward for gubernatorial appointment, Marty said. Jackie Leman, another consumer who has expressed interest in being on the Standing Committee, is not here today. Gladys Mooney has resigned. Lynn Parker Haas may be resigning. Marty will have to contact her again to confirm her intentions. Marty is also reapplying, she announced. Sandi Knight, another prospective member, is both a family member and a consumer. Marty is encouraging her to represent families. The names of three candidates have been proposed for the VSH Governing Body.

### **Division of Mental Health Updates:** Frank Reed

1. Michael Hartman, the next Deputy Commissioner of Health for Mental Health Services, will plan to come to the Standing Committee's February meeting. Michael is gradually getting oriented to the issues that he will be facing as Deputy Commissioner.
2. The request for proposals (RFP) for crisis beds has been issued as of today. It envisions ten additional beds over the course of Fiscal Years 2007 and 2008.
3. Nick Nichols is on paternity leave. (Lucia Elizabeth Nichols was born on December 27.)
4. DMH is continuing to recruit for two acute-care positions, a quality-management position, and an information technology specialist. In addition, Doug Clifton is retiring on January 31 and DMH is recruiting for someone to fill that vacancy.
5. The RFP for care management is in draft form.
6. The conceptual Certificate of Need (CON) for the State Hospital has been ruled complete, with conditions attached.

### **Items for the February Agenda**

- ❖ Introductions, review of agenda, approval of notes
- ❖ New Deputy Commissioner Michael Hartman
- ❖ VSH Report: Terry Rowe
- ❖ Finishing the Standing Committee's Report on VSH
- ❖ Report on NYAPRS Conference: Kitty Gallagher
- ❖ Report on seclusion and restraint workshops: Marty Roberts
- ❖ Membership Subcommittee
- ❖ Public comment
- ❖ March agenda

George suggested adding agenda items for future meetings on the community-based system.